NORTHERN KENTUCKY OFFICE SUITE 340 1717 DIXIE HIGHWAY COVINGTON, KENTUCKY 41011-4704 606-331-2838 513-381-2838

513-381-2838 FAX: 513-381-6613

DAYTON, OHIO OFFICE SUITE 900 110 NORTH MAIN STREET DAYTON, OHIO 45402-1786 937-228-2838 FAX: 937-228-2816

ROBERT A. BILOTT (513) 357-9638 bilott@taftlaw.com

TAFT, STETTINIUS & HOLLIST . LLP

425 WALNUT STREET, SUITE 1800 CINCINNATI, OHIO 45202-3957

513-381-2838 FAX: 513-381-0205

www.taftlaw.com

CLEVELAND, OHIO OFFICE 3500 BP TOWER 200 PUBLIC SQUARE CLEVELAND, OHIO 44114-2302 216-241-2838 FAX: 216-241-3707

COLUMBUS, OHIO OFFICE 21 EAST STATE STREET COLUMBUS, OHIO 43215-4221 614-221-2838 FAX:614-221-2007

> Complainant's Exhibit No. **108**

February 7, 2005

FEDERAL EXPRESS

Dr. Charles M. Auer USEPA 1201 Constitution Avenue, N.W. Room 3166A Washington, DC 20004

Mary Ellen Weber USEPA 1201 Constitution Avenue, N.W. Room 5124A Washington, DC 20004

Mary Dominiak USEPA 1201 Constitution Avenue, N.W. Room 4410S Washington, DC 20004 Oscar Hernandez USEPA 1201 Constitution Avenue, N.W. Room 6220A Washington, DC 20004

Jennifer Seed USEPA 1201 Constitution Avenue, N.W. Room 6334A Washington, DC 20004

Re: PFOA Human Health Effects Study: Cancer Data

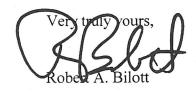
Ladies and Gentlemen:

In response to USEPA's request for available information regarding the potential threat to human health or the environment from PFOA, we previously forwarded to you preliminary abstracts/summaries of data generated in connection with a survey of adverse health effects self-reported among individuals exposed to PFOA-contaminated drinking water in communities near E.I. duPont de Nemours and Company's Washington Works Plant in Wood County, West Virginia (see, e.g., OPPT-2003-0012-607, OPPT-2003-0012-677, OPPT-2003-0012-836, AR-226-1714-16, and AR-226-1893-94). As a supplement to those previous submissions, we have enclosed a copy of several tables providing more detailed summaries of the age-adjusted, self-

W0350205.1

Dr. Charles M. Auer Oscar Hernandez Jennifer Seed Mary Ellen Weber Mary Dominiak February 7, 2005 Page 2

reported cancer data from the PFOA community health study. (Exhibit 1) An article explaining the study and the cancer results in more detail has been peer reviewed and accepted for publication. The article is expected to be published this summer. Also enclosed are charts summarizing some of the other adverse health effects reported in the same community study. (Exhibit 2). An article explaining these results has recently been completed and is being submitted for peer review and publication. In addition, we have enclosed documents recently released by one of the public water suppliers to the community at issue, which discuss the increasing levels of PFOA being detected in that particular public water supply. (Exhibit 3) As with the prior PFOA community study data, we request that you include this information in AR-226, OPT-2003-0012, and the appropriate IRIS database for PFOA.



RAB/mdm Enclosures

cc: IRIS Submission Desk (w/ encls.)

Mark J. Garvey, Esq. (USEPA) (w/ encls.)

R. Edison Hill, Esq. (w/ encls.) Larry A. Winter, Esq. (w/ encls.)

Gerald J. Rapien, Esq. (w/ encls.)

Table A. PFOA levels by water district/source.

PFOA Levels (ppb)	Location	Households
1.7-4.3	Little Hocking, Ohio	4200
0.4-3.9	Lubeck, WV	3700
0.25-0.37	Tuppers Plains, Chio	4800
0.08-0.13	Belpre, Ohio	6000
0.06-0.1	Mason, WV	4200
0.06-0.07	Pomeroy, Ohio	1000
0.165	Blennerhassett	71
1.0-5.0	Dupont, Washington Works	N/A
1.75-1.87	GE Plastic	N/A
0.05-8.6	68 Private Wells WVA & Ohio	68

Abbreviations:

N/A Not Applicable

Table B. Demographics in a residentially PFOA-exposed population.

Variable	Categories	n	Percentage
Age	20 - 34	105	18.17
	35 - 44	104	17.99
	45 - 54	135	23.36
	55 - 64	154	26.64
	65 - 80	80	13.84
F			
Gender	Male	284	49.13
	Female	294	50.87
Race/Ethnicity	White	558	97.38
, career, roaminest y	African American	6	1.05
	Others	9	1.57
Education	Less than 9 th grade	17	2.98
	9 – 11 th grade	59	10.33
	12 th /Vocational/Some College	430	75.31
	College Graduate	65	11.38
Body Mass Index (BMI)	Underweight (<23)	106	18.53
	Average (23 – 28)	190	33.22
	Overweight (>28)	276	48.25

Smoking Habit	Never smoked	252	60.58
	Smoked less than 15 years	72	17.31
	Smoked more than 15 years	92	22.12
Work History	Plant 1	54	9.42
	Plant 2	19	3.32
	No plant work	500	87.26

Table C. Unadjusted odds ratios of cancer and 95% confidence interval for demographic variables of a population residentially

exposed to PFOA.

Variable	Categories	# Cancer Obs. Used in Logistic Regression	Percentage with Cancer	Odds Ratio	95% CI	P-value
Gender	Male	25	8.80%	1.04	(0.58 - 1.86)	(),9
	Female **	25	8.50%	1	-	-
					19	
Age					2	0.0002*
	20 - 34 **	5	4.76%	1	-	-
	35 – 44	4	3.88%	0.8	(0.21 - 3.07)	().74
-	45 – 54	9	6.67%	1.43	(0.46 - 4.40)	0.53
	55 - 64	16	10.39%	2.32	(0.82 - 6.54)	0.11
, , ,	65 - 80	16	20.00%	5	(1.75 - 14.32)	0.003
		a 4, 1				
Education	Less than 9 th grade	8	47.06%	10.84	3.97-29.53	< 0.0001
	9 th grade or higher **	42	7.58%	1	-	-
Body Mass Index						0.93*
(BMI)	Underweight (<23)	8	7.55%	0.78	(0.33 - 1.86)	0.58
	Average (23 – 28) **	18	9.47%	1	-	_
	Overweight (>28)	23	8.33%	0.87	(0.46 - 1.66)	0.67
2						
Smoking Habit				1 8		0.16*

	Never smoked **	20	7.94%	1	-	-
	Smoked less than 15 years	7	9.72%	1.25	(0.51 3.08)	0.63
	Smoked more than 15	12	13.04%	1.74	(0.81 - 3.72)	0.15
* *	years					
	DI I	0	14.010/	1 07	(0.83 4.22)	0.13
Work Site	Plant 1	8	14.81%	1.87	(0.83 4.22)	
2	Plant 2	1	5.26%	0.48	(0.06 - 3.62)	0.47
	No plant employment **	41	8.20%	1	-	-

^{*} p-value refers to the p-value for a test for trend

** Denotes the reference value of each variable for the logistic regression

Table D. Comparison of total cancer prevalence rates (per 100,000) between PFOA-exposed resident population and the US population (Whites only) by age and gender.

	US Population		Exposed	Population	Prevalence Ratio			
Age	Age Specific Rates	Age Specific Rates	Age Specific Rates	Age Specific Rates	Rates ratio of Exposed/US		Rates ratio of Exposed/US	
Group	Male	Female	Male	Female	Males	P-value	Females	P-value
20-34	338	451	1,923	7,547	5.69	0.16	16.75	0.0001
35-44	799	1,447	- ,	7,547	-	. =	5.21	0.008
45-54	-1,722	3,167	4,839	8,219	2.81	0.09	2.59	0.03
55-64	5,080	5,390	9,211	11,538	1.81	0.1	2.14	0.03
65+	15,661	9,173	32,558	5,405	2.08	0.009	0.59	0.85

Table E. Standardized Morbidity Prevalence ratio comparing age-adjusted observed cancer rates (per 100,000) to expected cancer rates

CANCER TYPE	Number of Cases	Observed Rates (per 100,000)	Age Adjusted Expected Rates (per 100,000)	Prevalence Ratio	Confidence Interval
All Cancer	50	8,651	3,426	2.58	1.91 - 3.47*
Bladder	5	865	163	5.3	2.19 - 12.87*
Breast	5	1,701	1,579	1.12	0.46 - 2.71
Colon/Rectal	4	692	261	2.65	0.99 7.11
Kidney	1	173	79	2.2	0.31 - 15.63
Lung	7	1,211	153	7.89	3.72 - 16.74*
M. Myeloma	2	346	22	15.71	3.91 63.14*
Melanoma	3	519	214	2.42	0.78 - 7.54
Non-Hodgkins	5	865	130	6.67	2.76 - 16.13*
Prostate	9	3,169	1633	1.96	0.98 - 3.92
Uterine and/or Cervical	9	3,061	96	33.12	17.03 - 64.41*

^{*} Excludes the null value

Table F. Demographics in an occupationally PFOA-exposed population

Variables	Categories	n	Percentage
Birth Year	1900 1919	160	3.76
	1920 1939	1209	28.42
	1940 – 1959	2203	51.79
	1960 – 1989	682	16.03
Gender	Male	3583	84.23
- 1 - 1	Female	671	15.77
Years of	<21 years	1266	30.92
Occupational	21 – 29	1462	35.71
Exposure	30 - 50	1366	33.37
Working Condition	No direct PFOA exposure	2157	60.85
	Direct PFOA exposure	1388	39.15

Table G. Age-adjusted Proportional Hazard ratios of certain types of cancers among workers hired between 1950 and 1990, between those working in departments with direct PFOA exposure and those with no direct exposure.

Cancer Type	Department Environment	Number of Cancer Incidents	Percentage with Cancer	Hazard Ratio	CI	P-value
		2	a a			
Pancreatic Cancer	No direct exposure	2	0.09%	1	*	
2	Direct PFOA exposure	6	0.48%	4.46	(0.87,22.91)	0.07
*						
Respiratory	No direct exposure	11	0.51%	1		e
Cancer	Direct PFOA exposure	26	2.10%	4.41	(2.13,9.13)	< 0.0001
				1 , '*	* 0,1	
Kidney Cancer	No direct exposure	6	0.28%	1	*	
	Direct PFOA exposure	11	0.89%	3.14	(1.10,8.95)	0.03
Colon/Rectal	No direct exposure	9	0.42%	1		
Cancer	Direct PFOA exposure	11	0.89%	2.96	(1.15,7.64)	0.02
Prostate Cancer	No direct exposure	14	0.65%	1		
	Direct PFOA exposure	23	1.86%	2.51	(1.24,5.08)	0.01
Non-Hodgkin's	No direct exposure	3	0.14%	1		
Lymph	Direct PFOA exposure	3	0.24%	2.44	(0.47, 12.73)	0.29
Bladder Cancer	No direct exposure	10	0.46%	1		

	Direct PFOA exposure	10	0.81%	1.46	(0.59,3.54)	0.41
	1	>				
Liver Cancer	No direct exposure	1	0.05%	1		
	Direct PFOA exposure	1	0.08%	1.13	(0.06.23.07)	0.94
Breast Cancer	No direct exposure	5	0.23%	1		
	Direct PFOA exposure	1	0.08%	0.21	(0.02, 1.88)	0.16

Table H. Logistic regression analysis controlling for age and work environment

Cancer Type	Years of Exposure	Adjusted Odds Ratio	95% CI	P-Value
	H 2			
Prostate				0.0002*
	<21 years	1	-	-
	21 – 29	2.68	0.82 - 8.79	0.1
	30 - 50	8.71	2.63 - 28.83	0.0004
				4
Kidney			8.5	0.03*
	<21 years	1	-	_
	21 – 29	6.28	0.75 - 52.89	0.09
	30 - 50	11.57	1.38 97.32	0.02
D.		,		
Respiratory				0.07*
	<21 years	1	* * -	-
	21 - 29	1.42	0.61 - 3.30	0.42
	30 50	1.47	0.63 - 3.43	0.37
	20 1	= V		
Bladder		52		0.17*
	<21 years	1	-	-
	21 - 29	1.3	0.40 - 4.24	0.66
	30 - 50	2.09	0.59 - 7.40	0.29
		y (5, 6, 8		
Colon/Rectal				0.24*

	<21 years	1	-	
	21 - 29	0.38	0.10 - 1.50	0.17
	30 - 50	1.41	0.50 4.00	0.52
Pancreatic				0.35*
	<21 years	1		, - ·
	21 – 29	1.71	0.28 - 10.49	0.56
	30 – 50	1.92	0.28 - 13.20	0.51

* p-value refers to the p-value for a test for trend

Table A. Standardized Prevalence Ratio (SPR) comparing observed disease rate per 100,000 among a residentially PFOA-exposed population to the expected disease rate of the general U.S. population controlling for age and gender.

	Number diseased	Observed			
Disease or	in exposed	Rates	Expected Rates ^a		
Symptom Type	group	(per 100.000)	(per 100.000)	SPR	CI_p
Cardiovascular					
problems	170	30,088	7,019	4.29	3.47 – 5.29*
Chronic bronchitis	113	22,114	6,145	3.60	2.92 - 4.44*
Kidney disease	21	3,757	1,665	2.26	1.45 – 3.51*
Shortness of breath					
on stairs	323	57,270	27,994	2.05	1.70 - 2.46*
Asthma	105	20,669	11,369	1.82	1.47 - 2.25*
Thyroid problems	82	15,589	10,019	1.56	1.22 - 1.98*
Diabetes	56	9,947	6.457	1.54	1.16 - 2.05*
High blood					
pressure	186	33,096	28,077	1.18	0.97 - 1.43
Liver problems	19	3,754	3,728	1.01	0.64 - 1.59

Expected rates are from NHANES 2001 – 2002 using sampling weights to calculate an unbiased estimate of national rates while adjusting for non-response, survey design and sampling technique while giving an accurate estimate of sampling error.

^bConfidence Interval

^{&#}x27;Includes MI, Stroke, Angina

^{*}Statistically significant (p≤0.05)

Table B. Prevalence Ratios (PR) comparing observed disease rate per 100,000 among a residentially PFOA-exposed population to the expected disease rate of the general U.S. population by age group and gender for various disease outcomes.

2	Males		Females		Prevalence Ratio			
Age Group	Age Specific Rates (US ^a)	Age Specific Rates (EP ^b)	Age Specific Rates (US)	Age Specific Rates (EP)	EP/US Males	P	EP/US females	P
Asthma	-							
	12543.8	37209.30	15209.92	30000	2.97	< 0.0001	1.97	<0.0001
18-34	7		15140.22	21052 (2	1.86	0.0005	1.39	0.0003
-35-49	7895.13	14705.88	15149.32	21052.63	_			
50-64	9363.58	12903.23	13065.51	21568.63	1.38	0.002	1.65	<0.0001
65+	5694.06	19047.62	10790.07	18181.82	3.35	<0.0001	1.69	0.01
Chroni	c Bronchit	is						
18-34	4136.27	23255.81	5867.84	18000	5.62	< 0.0001	3.07	<0.0001
35-49	4716.72	20000	8192.81	25333.33	4.24	< 0.0001	3.09	< 0.0001
50-64	2870.57	18750	8022.41	27884.62	6.53	< 0.0001	3.48	< 0.0001
65+	5000.83	15000	11843.53	25000	2.99	0.0006	2.11	0.0008
	lood Press	ure						
18-34	9799.81	22000	7359.86	9090.91	2.24	< 0.0001	1.24	0.05
10-24	18366.5	21250	17218.61	13414.63	1.16	0.002	0.78	0.10
35-49	9						. 1	2
33 11	32115.1	37623.76	38440.91	50877.19	1.17	< 0.0001	1.32	<0.0001
50-64	5							

	Males		F	Females		Prevalence Ratio			
Age Group	Age Specific Rates (US ^a)	Age Specific Rates (EP ^b)	Age Specific Rates (US)	Age Specific Rates (EP)	EP/US Males	P <0.0001	EP/US females	P 0.006	
65+	48057.7	59090.91	60185.45	57142.86	1.23	<0.0001	0.93	0.000	
Short of breath climbing stairs									
18-34		45098.04		58181.82					
35-49	18804.0	44444.44	32506.6	56790.12	2.36	<0.0001	1.75	<0.0001	
50-64	33173.6	51960.78	42327.8	73684.21	1.57	<0.0001	1.74	<0.0001	
65+	37010.2 5	54545.45	49553.3	71428.57	1.47	<0.0001	1.44	<0.0001	
	vascular pr	oblems ^c					A, 8		
18-34	647.54	21568.63	746.23	21818.18	33.31	< 0.0001	29.24	<0.0001	
35-49	3273.62	28395.06	1775.02	21951.22	8.67	< 0.0001	12.37	<0.0001	
50-64	8524.01	41176.47	7616.51	32456.14	4.83	< 0.0001	4.26	< 0.0001	
65+	26458.91	40909.09	18080.3	25714.29	1.55	<0.0001	1.42	0.005	
Liver			1						
18-34	424.68	2325.58	1696.30	6122.45	5.48	0.09	3.61	0.009	
35-49	6240.89	28.98.55	2642.29	4000	0.46	0.63	1.51	0.08	
50-64	5221.11	5376.34	3983.46	3921.57	1.03	0.10	0.98	0.15	
65+	3400.71	2439.02	3026.29		0.72	0.50	s u		

	Ma	les	Females		Prevalence Ratio			
Age Group	Age Specific Rates (US ^a)	Age Specific Rates (EP ^b)	Age Specific Rates (US)	Age Specific Rates (EP)	EP/US Males	P	EP/US females	P
Kidney	Disease					0.00		
18-34	342.84	2000.00		3636.36	5.83	0.08		
35-49	965.12	2500.00	267.94	1234.57	2.59	0.06	4.61	0.10
50-64	.1497.24	6930.69	2369.68	1785.71	4.63	< 0.0001	0.75	0.38
65+	6177.16	4545.45	4083.52	11428.57	0.74	0.39	2.80	0.006
	d Disease							
18-34			5761.79	13725.49			2.38	0.0008
	3551.87	5555.56	10420.1	20512.82	1.56	0.04	1.97	<0.0001
35-49	4160.26	7216.49	18424.4	30188.68	1.73	0.005	1.64	< 0.0001
50-64	4169.26	/210.49	3	30100.00				red
	12164.48	11904.76	28167.6	32352.94	0.98	0.11	1.15	0.01
65+			6	2002 using sampli			<u></u>	

^aExpected rates are from NHANES 2001 – 2002 using sampling weights to calculate an unbiased estimate of national rates while adjusting for non-response, survey design and sampling technique while giving an accurate estimate of sampling error.

^bPFOA-exposed population (EP)

MI, Stroke, Angina

January 2005 Supplemental Notice of Contamination

In June, 2004, the Little Hocking Water Association ("Little Hocking") sent out a Notice reminding our members that drinking or otherwise using water contaminated with C8 may pose health risks. Consistent with our efforts to keep our members apprised of C8 developments, we want to share some important recent information.

Little Hocking's November 2004 Sampling Results

The most recent sampling results of Little Hocking's water (collected on November 29, 2004, which Little Hocking received on January 12, 2005) show that levels of C8 in our water supply continue to rise. Levels of C8 in samples taken from Little Hocking's production wells are as high as:

18.6 parts per billion (ppb) in production well no. 5;

3.90 ppb in production well no. 3;

9.89 ppb in production well no. 2; and

9.03 ppb in production well no. 1.

By comparison, the highest level reported in our June 2004 Notice of Contamination was 10.10 ppb in well no. 5. Please remember that Little Hocking has not used well no. 5 since 2002. However, due to sunken barges at the Belleville Locks and Dam, the Ohio River is dropping to abnormally low levels. If the low river level causes Little Hocking's production capacity to diminish, it may be necessary to activate well no. 5 in order to meet minimum water demands. Should using well no. 5 become necessary for any reason, Little Hocking will provide a public notification so you have the option of taking additional precautions.

The level of C8 in water entering our distribution system has been measured as high as 7.2 ppb.

Little Hocking's current C8 levels are either very close to or exceed C8 "safe levels" used by at least one state - Minnesota.

Minnesota's Safe Level for C8

Minnesota currently regards 7.0 parts per billion (ppb) as the maximum concentration of C8 in water that poses little or no risk to health. Unlike West Virginia's CATT-established protective screening level of 150 ppb, Minnesota's value takes into consideration exposure routes other than drinking water.

Even though Minnesota's level is more protective than the West Virginia-established screening level, Minnesota's value does not address higher exposures during childhood and effects on the elderly. For example, if childhood exposures are considered, Minnesota's "safe level" would drop below 7 ppb.

The U.S. Environmental Protection Agency ("EPA") Draft Risk Assessment for C8

In another current development, on January 12, 2005, EPA released its "Draft Risk Assessment of the Potential Human Health Effects Associated With Exposure to Perfluorooctanoic Acid and Its Salts [C8]" ("Draft Risk Assessment"). While the Draft Risk Assessment does not establish a safe level for

EXHIBIT 3

C8, at least one organization – the Environmental Working Group ("EWG") – has taken the position that the Draft Risk Assessment dramatically underestimates human health risks associated with C8 exposure. As one example, EWG points out that the Draft Risk Assessment discounts cancer risks by ignoring data linking C8 to various cancers (i.e. mammary, testicular, pancreatic, and liver).

Little Hocking wants to be sure you are aware of both the Draft Risk Assessment and EWG's questions about its protectiveness. The Draft Risk Assessment can be found on the Internet at: http://www.epa.gov/opptintr/pfoa/pfoarisk.htm. EWG's analysis can be found at: http://ewg.org/issues/PFCs/20050112/scienceanalysis.php.

DuPont's Worker Study

On January 11, 2005, DuPont announced results of a recent health study it conducted of more than 1,000 DuPont Washington Works employees. In the study, DuPont observed an approximate 10 percent increase in "bad cholesterol" (LDL) and a rise in triglycerides among some of the highest C8-exposed individuals. According to the EWG website, the DuPont cholesterol finding "is the fourth in a string of studies conducted since 1994 pointing to excess risks for stroke and heart attack among workers exposed to [C8]." DuPont's press release states that "[t]he study data did not indicate that PFOA was or was not the cause of the increases in serum cholesterol and triglycerides."

Little Hocking's Current Actions

Considering the above information and the rising levels of C8 in our water, Little Hocking will seek immediate – within weeks, not months – action by DuPont to address these risks and uncertainties. Little Hocking maintains its longstanding position that C8 does not belong in its water.

Little Hocking remains committed to securing a resolution to the C8 issue. Until the issue is resolved, Little Hocking believes that the information in this Notice will help our members to make more informed decisions about C8.

To keep you apprised of the status of the issue, we will continue to post updated information on our website at www.littlehockingwater.org. You can also contact us for additional information:

Little Hocking Water Association, Inc Attn: Robert L. Griffin 3998 State Route 124 P.O. Box 188 Little Hocking, OH 45742 (740) 989-2181

Please share this information with your medical advisors or other public health advisors and with all other people who drink Little Hocking's water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

Little Hocking thanks you for your patience as we work toward a resolution of this issue.

Very Truly Yours, Little Hocking Water Association, Inc.

By_______Robert L. Griffin, PE General Manager

January 31, 2005

NEWS MEDIA RELEASE

IMPORTANT NOTICE:

WATER USE REDUCTION ADVISORY

ALL CUSTOMERS OF THE LITTLE HOCKING WATER ASSOCIATION ARE ASKED TO VOLUNTARILY REDUCE THEIR WATER USE ON A TEMPORARY BASIS IN ORDER TO REDUCE THE WATER DEMAND ON THE SYSTEM.

THE SUNKEN BARGES AT THE BELLEVILLE LOCKS AND DAM HAVE CAUSED THE LEVEL OF THE OHIO RIVER TO DROP DRAMATICALLY. THE RIVER LEVEL IS LOWERING THE WATER TABLE AND REDUCING OUR WELLFIELD'S CAPACITY TO PRODUCE WATER. CONSEQUENTLY, WE ARE HAVING PROBLEMS MEETING THE WATER DEMANDS OF THE SYSTEM. UNLESS THE WATER DEMAND IS SUFFICIENTLY REDUCED, WE WILL NEED TO ACTIVATE WELL NO. 5 TO MEET OUR CUSTOMERS' CURRENT DEMAND FOR WATER.

WE HAVE AVOIDED PUMPING WATER FROM WELL NO. 5 INTO THE DISTRIBUTION SYSTEM BECAUSE OF WELL NO. 5'S HIGHER LEVEL OF C-8 .AS DISCUSSED DURING OUR PUBLIC MEETING IN FEBRUARY 2002; ON OUR WEBSITE; IN OUR CONSUMER CONFIDENCE REPORTS; AND IN RECENT NOTICES TO OUR MEMBERS, C-8 WAS DISCOVERED IN OUR WELLS IN JANUARY, 2002. WELL NO. 5 HAS THE HIGHEST C-8 LEVELS OUT OF ALL OF OUR PRODUCTION WELLS. OUR LATEST NOTICE IS ATTACHED FOR YOUR CONVENIENCE.

WE WANT TO AVOID USING WELL NO.5 SO WE ARE ASKING ALL CUSTOMERS OF THE LITTLE HOCKING WATER ASSOCIATION TO VOLUNTARILY REDUCE THEIR WATER USE ON A TEMPORARY BASIS. IF WATER DEMAND IS NOT SUFFICIENTLY REDUCED AND RIVER LEVELS CONTINUE TO DROP, WELL NO. 5 WILL HAVE TO BE USED. HOWEVER, WE WILL USE WELL NO. 5 AS SPARINGLY AS POSSIBLE AND ONLY UNTIL OUR WELLFIELD CAN RETURN TO NORMAL OPERATION.

THANK YOU FOR YOUR COOPERATION.

C-8 Results for Little Hocking Distribution System Little Hocking Water Association Washington County, Ohio

X 8				1
Sample Location	Sample Date	PFOA ug/L	C-8 ug/L	
SR 339 Booster Station	1/22/02		1.81	
Bartlett County Corner	1/22/02		1.94	
Torch Booster Station	1/22/02		1.850	
Porterfield Community Building	1/22/02		1.690	
Porterfield Community Building	3/26/02		2.62	
Porterfield Community Building	4/23/02		1.93	E B
Porterfield Community Building	4/23/02		1.55	U.S. E
Porterfield Community Building	10/16/02		4.29	
Porterfield Community Building	2/26/03		2.33	
Porterfield Community Building	5/28/03		2.54	
Porterfield Community Building	8/29/03		3.73	
Porterfield Community Building	12/17/03		1.5	
Porterfield Community Building	2/24/04		4.33	
Porterfield Community Building	5/28/04		3.64	
Porterfield Community Building	9/16/04		5.39	
Porterfield Community Building	11/29/04	6.92	7.20	=Highe:

U.S. EPA SPLIT

=Highest Level Detected